

THE RYAN WHITE HIV/AIDS PROGRAM

POPULATION FACT SHEET: AUGUST 2012

MEN WHO HAVE SEX WITH MEN

Men who have sex with men (MSM) continue to account for the largest proportion of new HIV cases each year.* MSM accounted for an estimated 60 percent of all new HIV infections in the United States in 2010,¹ though they represent only 4 percent of the male population in this country ages 13 and older.² Most MSM living with HIV are MSM of color, who face significant barriers to HIV prevention services, counseling and testing, and care.^{3,4}

SURVEILLANCE

- Gay, bisexual, and other men who have sex with men (MSM)¹ represent approximately 2 percent of the U.S. population, yet are the population most severely affected by HIV.⁵
- In 2009, MSM accounted for 61 percent of all new HIV infections, and MSM with a history of injection drug use (MSM-IDU) accounted for an additional 3 percent of new infections.⁶
- Also in 2009, young MSM accounted for 69 percent of new HIV infections among persons aged 13 to 29 and 44 percent of infections among all MSM.⁷
- At the end of 2009, an estimated 441,669 (56 percent) persons living with an HIV diagnosis in the U.S. were MSM or MSM-IDU.⁸

* Unless otherwise noted, HIV estimates and diagnoses are gleaned from data provided by 46 U.S. States (Hawaii, Maryland, Massachusetts, Vermont are not included) and 5 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

U.S. dependent areas, however, are not included in reference to HIV among specific racial and ethnic groups, since the U.S. Census Bureau does not collect demographic information from all dependent areas.

AIDS surveillance data are based on reports submitted by all 50 States, the District of Columbia, and 6 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands).

CRITICAL ISSUES

Minority MSM, in particular, often face poor access to health care because of socioeconomic factors, including lack of health insurance and poverty which can create barriers to HIV testing and entry into HIV primary care. Lack of awareness of HIV status negatively impacts HIV rates within the MSM and MSM of color communities. HIV stigma within these communities also complicates testing and care efforts.⁹

MSM of color tend to select partners who are of the same race/ethnicity; increased HIV prevalence, coupled with a smaller dating community, places them at increased risk. Poor self-esteem, loneliness, and internalized homophobia are linked to high-risk behaviors and increased risk for HIV.^{10,11}

In a five-city study on MSM by the U.S. Centers for Disease Control and Prevention (CDC), 25 percent of participants tested positive for HIV. Approximately one-half (48 percent) of the HIV-positive MSM (among whom young, Black MSM were disproportionately represented) were unaware of their status.¹² MSM, especially younger MSM, may underestimate their personal risk, make inaccurate assumptions about their partner's HIV status, and falsely assume that HIV is no longer a serious health threat. For young Black MSM, partnering with older Black men (among whom HIV prevalence is high) may also lead to increased risk.¹³

HIGHLIGHTS OF THE HIV/AIDS BUREAU'S RESPONSE

In 2010, 39 percent of all Ryan White HIV/AIDS Program clients were MSM, who are served through all Program Parts.**

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau continues to adapt to the changing climate of HIV/AIDS to better reach—and serve—people living with HIV/

** U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). *2010 Ryan White HIV/AIDS Program Services Report*.

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AIDS, including MSM. This work involves supporting activities that bolster and develop community-based health care networks serving MSM that reduce barriers to early HIV identification and ensure entry to state-of-the-art primary health care. Program providers offer high-quality, nonjudgmental services that help MSM acknowledge their risk, get tested, and stay in care over time. The use of peer educators has been instrumental to that end.

HRSA also has facilitated research initiatives to demonstrate and evaluate innovative models of care targeting MSM. To learn more about this research, visit <http://careacttarget.org/Library/SPNSBulletin/spnsbulletin.aug06.pdf> and <http://hab.hrsa.gov/about/hab/files/cyberspnsdec11.pdf>. HRSA is currently gleaming best practices from these and other programs concerning the engagement of hard-to-reach populations into

care for inclusion in an upcoming training manual, curriculum, and Webinar.

A historical overview of the agency's response to HIV among MSM is available on the Ryan White HIV/AIDS Program Living History Web site: http://hab.hrsa.gov/livinghistory/issues/gaymen_1.htm. The site also features a video profile of a young Hispanic/Latino gay outreach worker discussing his work with at risk Hispanic/Latino youth and his own personal experiences living with HIV: <http://hab.hrsa.gov/livinghistory/voices/jose.htm>.

In addition, HRSA has engaged in community consultations and collaborations with national agencies addressing HIV among MSM, including the National Minority AIDS Council and HealthHIV.

NOTES

- ¹ U.S. Centers for Disease Control and Prevention (CDC). *HIV Surveillance Report*, 2010; vol. 22. Table 1b. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.
- ² U.S. Centers for Disease Control and Prevention (CDC). *CDC analysis provides new look at disproportionate impact of HIV and syphilis among U.S. gay and bisexual men*. Press release. March 10, 2010. Available at: www.cdc.gov/nchhstp/newsroom/msmpressrelease.html. Accessed April 25, 2010.
- ³ National Alliance of State and Territorial AIDS Directors. *Findings from targeted interviews on HIV prevention activities directed toward Black men who have sex with men*. 2008. Available at: www.nastad.org/Docs/highlight/2008521_NASTAD%20Black%20MSM%20Issue%20Brief%20No.%203.pdf. Accessed June 10, 2012.
- ⁴ Prejean J, Song R, Hernandez A, et al. Estimated HIV incidence in the United States, 2006–2009. *PLoS ONE*. August 2011;6(8):e17502. Accessed March 20, 2012.
- ⁵ CDC. *HIV among gay and bisexual men*. Fact sheet. May 2012. Available at: www.cdc.gov/hiv/topics/msm/. Accessed June 29, 2012.
- ⁶ CDC. *HIV among gay and bisexual men*. Fact sheet. May 2012. Available at: www.cdc.gov/hiv/topics/msm/. Accessed June 29, 2012.
- ⁷ CDC. *HIV among gay and bisexual men*. Fact sheet. May 2012. Available at: www.cdc.gov/hiv/topics/msm/. Accessed June 29, 2012.
- ⁸ CDC. *HIV among gay and bisexual men*. Fact sheet. May 2012. Available at: www.cdc.gov/hiv/topics/msm/. Accessed June 29, 2012.
- ⁹ CDC. *HIV among African Americans*. Fact sheet. November 2011. Available at: www.cdc.gov/hiv/topics/aa/PDF/aa.pdf. Accessed June 29, 2012.
- ¹⁰ CDC. Youth risk behavior surveillance—United States, 2009. *MMWR*. 2010;59(SS-5). Available at: www.cdc.gov/mmwr/pdf/ss/ss5905.pdf. Accessed May 30, 2011.
- ¹¹ MacKellar D, Valleroy LA, Secura GM, et al. Unrecognized HIV infection, risk behaviors, and perceptions of risk among young men who have sex with men: opportunities for advancing HIV prevention in the third decade of HIV/AIDS. *J Acquir Immune Defic Syndr*. 2005;38(5):603–614.
- ¹² CDC. HIV prevalence, unrecognized infection, and HIV testing among MSM—Five U.S. cities, June 2004–April 2005. *MMWR*. 2005;54:597–601.
- ¹³ CDC. *HIV and AIDS among gay and bisexual men*. Fact sheet. March 2010. Available at: www.cdc.gov/nchhstp/newsroom/docs/FastFacts-msm-final508comp.pdf. Accessed April 25, 2010.